



In re Application of:

Docket No. 03500.015681

YOJI SERIZAWA

Application No.: 09/927,540

Examiner: S. Brase

Filed: August 13, 2001

Group Art Unit: 2852

For: IMAGE FORMING APPARATUS
EQUIPPED WITH DETACHABLE
PROCESS CARTRIDGE AND
CONTROL METHOD THEREFOR

Date: June 30, 2003

Mail Stop RCE
The Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED
JUL -9 2003
TC 2800 MAIL ROOM

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 16	MINUS	** 20	= 0	x \$9 \$18	\$ 0.00
INDEP. CLAIMS	* 4	MINUS	*** 3	= 1	x \$42 \$84	\$84.00
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$84.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

I hereby certify that this correspondence is being
deposited with the United States Postal Service as first-
class mail in an envelope addressed to: Commissioner
for Patents, P.O. Box 1450, Alexandria, VA 22313-
1450 on 6/30/03

(Date of Deposit)

Andrew D. Nickelsen, Reg. No. 50,957

Attorney for Applicant

Signature

Date of Signature 6/30/03

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☒ A check in the amount of \$84.00 is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant

Registration No. 30,957

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